ARTIST'S INVOICE – **SUPPLIES**

Date Submitted	*(Day / Month / Year)* / / /		
Name			
Mailing Address			
City/ Province		Postal Code	
Home Phone	( )	Work Phone	( )
Facsimile	( )	E-mail Address	

Supplier	**Article(s) Purchased** (attach bills in the order as listed)	**Date Purchased**	**Amount**
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
		Total	**$**

Facilitator: _____

Superintendent: _____

FOR OFFICE USE ONLY